

Kent and Medway Safeguarding Adults Board



**Annual Report
April 2014 – March 2015**



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As Chair of the Kent and Medway Safeguarding Adults Board I am pleased to introduce our Annual Report for 2014-2015.



The report is published on behalf of the multi-agency Board and provides partners with an opportunity to celebrate their achievements in 2014-15 and plan for the year ahead. The report contains contributions from a range of organisations who are involved in safeguarding adults experiencing, or at risk of abuse or neglect in Kent and Medway.

The Care Act 2014 placed adult safeguarding on a statutory footing and stated that each Local Authority must establish a Safeguarding Adults Board.

With the implementation of the Care Act, the Board has undergone a governance review with partners in 2015 and developed a three year Strategic Plan.

Our partnership working continues to strengthen our ability to safeguard adults and is underpinned by the principles and values outlined in [Appendix 1](#).

I would like to take this opportunity to thank everyone for their contribution to the work of the Board and associated working groups and their commitment to safeguarding adults in Kent and Medway.

Andrew Ireland

*Corporate Director – Social Care, Health and Wellbeing, Kent County Council
Chair of the Kent and Medway Safeguarding Adults Board*

Section 1: Introduction

What is safeguarding?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.” Care Act (2014)

The Care Act states that safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from
- either the risk of, or the experience of abuse and neglect.

Abuse or neglect can take many forms.

The Care Act lists the following types of abuse and neglect:

- Physical abuse
- Domestic Violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

These are reflected in the Kent and Medway Safeguarding Adult’s Multi Agency Policy, Protocols and Guidance.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person. The main forms of abuse are outlined in [Appendix 2](#).

Abuse can happen anywhere and take place in any context, for example, in someone’s own home, in nursing, residential or day care settings, in hospital, in public places or in custodial situations. Adults at risk may be abused by a range of people including relatives, neighbours, other service users, professional workers, friends and strangers.

The Care Act 2014 consolidates provisions from over a dozen different Acts into a single, framework for care and support. It is a fundamental reform of the way the law works. It places the wellbeing, needs and goals of people at the centre of the legislation to create care and support which fits around the individual and works for them.

The Act also provides a new framework for adult safeguarding. It sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities’ responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. These provisions require the local authority to carry out enquiries into suspected cases of abuse or neglect and to establish Safeguarding Adults Boards in their area.

Section 2: National context

A number of key documents published in 2014-2015 have influenced the safeguarding agenda. They include:

Safeguarding Adults – a joint statement on 2014

Annual Joint Statement on Safeguarding issued by the national member organisations of the core statutory bodies tasked with the implementation of new legislation that will put safeguarding adults on a statutory footing. It outlines key priorities for adult safeguarding in the light of the Care Bill. This includes the Local Government Association, Associations of Directors of Adult Social Services, Association of Chief Police Officers, the NHS Confederation and NHS Clinical Commissioners.

http://www.adass.org.uk/uploadedFiles/adass_content/policy_networks/safeguarding_adults/key_documents/Safeguarding%20Adults%20joint%20statement%20-%2020270114.pdf

Care Act 2014 Safeguarding Provisions

Clauses 42-48 of the Care Act provide the statutory framework for protecting adults from abuse and neglect. The safeguarding provisions include:

- New duty for local authorities to carry out enquiries (or cause others to) where it suspects an adult is at risk of abuse or neglect.
- Local Safeguarding Adults Boards to carry out safeguarding adults reviews into cases where someone who experienced abuse or neglect died or was seriously harmed and there are concerns about how authorities acted, to ensure lessons are learned.
- New ability for Safeguarding Adults Boards to require information sharing from other partners to support reviews or other functions.
- Abolition of the existing power (under section 47 of the National Assistance Act 1948) for local authorities to remove people from their homes.
- Requirement for all areas to establish a Safeguarding Adults Board to bring together the local authority, NHS and police to coordinate activity to protect adults from abuse and neglect.

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Care Act Statutory Guidance 2014

The Care Act 2014 statutory guidance was published on 24th October 2014. In addition to providing a fundamental reform of the adult social care and support system, the Care Act also creates a legal framework for key organisations and individuals with responsibilities for adult safeguarding to agree how they must work together and what roles they must play to keep adults at risk safe. Chapter 14 specifically relates to safeguarding (page 229).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

Adult Safeguarding Improvement Tool – March 2015

The Improvement Tool, based on the Adult Safeguarding Standards, was refreshed in March 2015. Developed by the sector, the document sets out key areas of focus which have been used in numerous peer reviews and challenges and as a means of self-assessment. The characteristics of a well-performing and ambitious partnership are described, particularly in relation to the three key partners in safeguarding adults; the council, NHS and Police.

<http://www.local.gov.uk/documents/10180/6869714/Adult+safeguarding+improvement+tool.pdf/dd2f25ff-8532-41c1-85ed-b0bcbb2c9cfa>

Section 3: Local context

The Kent and Medway Safeguarding Adults Board membership includes representatives from KCC, Medway Council, Kent Police, Acute Trusts, Clinical Commissioning Groups, Community Health Trusts, Kent and Medway NHS and Social Care Partnership Trust, Kent Probation, Kent Fire and Rescue Service, Prison Service, both Kent and Medway Community Safety Partnerships, District Councils, Members from both KCC and Medway Council and representatives from independent provider organisations.

In September 2014, the Board commissioned a Safeguarding Adults Review (SAR) chaired by Paul Pearce. The overview report and recommendations were presented to the Board in June 2015.

The Policy, Protocols and Guidance Working Group met in May, August and November 2014 and February 2014 to review the Kent and Medway multi-agency adult protection policy, protocols and guidance document in light of the Care Act 2014. The updated document can be found at: http://www.kent.gov.uk/_data/assets/pdf_file/0018/11574/multi-agency-safeguarding-adults-policies-protocols-and-guidance-kent-and-medway.pdf

A **Self-Neglect Policy and Procedure** was developed by the Policy, Protocols and Guidance Working Group and the document can found at: http://www.kent.gov.uk/_data/assets/pdf_file/0012/16140/Self-neglect-policy-and-procedures.pdf

Implementation of Making Safeguarding Personal

Making Safeguarding Personal in Kent has gathered momentum. Multi-agency launch events were held in November 2014 with further workshops planned in 2015. These have all been well received. Information is available online for adults with care and support needs. [MSP Leaflets](#).

Section 4: Kent and Medway Multi-agency training

During 2014-2015 the multi-agency training programme has been supported by the Kent and Medway Safeguarding Adults Board.

This has been provided through the funding of the following posts – one external Training Consultant and one full time multi-agency Training Administrator.

The Kent and Medway multi-agency training structure comprises of 6 levels. The training structure continues to be based on common tasks reflected in the Kent and Medway multi-agency policy, protocols and guidance. It aims to ensure that staffs build on their existing knowledge and skills by adopting a sequential learning approach.

It is designed to reflect core and complimentary knowledge and skills within the multi-agency context of safeguarding work. Details of the course aims and objectives are available on the website: <http://www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development>

All agencies take responsibility for the delivery of Level 1 and Level 2 training to their staff. Suggested training standards for Level 2 are available for any agency that prefers to commission or deliver its own version of the current Level 2 course. Levels 1 and 2 training for staff in the private and voluntary sector has been available through KCC Learning and Development Team. Levels 3, 4, 5 and 6 of the multi-agency training programme have been provided by the multi-agency funded external Training Consultant. However, the Level 4 course has been provided in collaboration with specialist trainers within a partner agency. The Level 4 and 6 courses have not been run in 2014-2015.

Table.1

Below outlines the level of multi-agency course provision and attendance during April 2014-March 2015.

Course	No of Places offered	Total no of persons attending	Police	KCC	Medway Council	Health	Fire & Rescue
Level 3	306	249	0	122	16	110	1
Level 4	0	0	0	0	0	0	0
Level 5	90	64	0	37	5	21	1
Level 6	0	0	0	0	0	0	0

Ongoing Developments

A full review of multi-agency training is underway.

Section 5: Funding arrangements

The Kent and Medway Safeguarding Adults Board is funded by 5 partner agencies including KCC Social Care, Health and Wellbeing, Medway Council, Kent Police, local Health Commissioners and Kent Fire Service.

Each of these agencies made the following percentage contributions in 14/15:

- KCC, FSC – 36.3%
- Medway Council – 7.5%
- Kent Police – 13%
- NHS Kent and Medway – 32.6%
- Kent Fire Service – 1.6%

The multi-agency budget covers the salaries and expenses for the Safeguarding Adults Board Manager, and Administration Officer posts. It also covers the administration costs for the various multi-agency group meetings, Safeguarding Adult Reviews and the provision of multi-agency training.

The table below sets out the budget contributions for the past three years

	2012-2013 Actual contribution (£000's)	2013-2014 Actual contribution (£000's)	2014-2015 Actual contribution (£000's)
KCC	59.0	50.5	61
Medway Council	14.7	12.6	12.6
Local Health Commissioners	64.0	54.8	54.8
Kent Police	25.6	21.9	21.9
Kent Fire Service	3.0	2.6	2.6
Shortfall	11.4	9.8	15.2
Total	177.7	152.2	168.1

A decision was made by the Board to use reserves in order to reduce the contributions of partners, given the savings agencies needed to make in the financial year.

Section 6: Partner highlights

Kent County Council, Social Care, Health and Wellbeing Overview of 2014 – 2015

Adult Safeguarding is managed in the divisions of Older People and Physical Disability (OPPD), and Disabled Children, Adults Learning Disability and Mental Health. These are integrated teams with Section 75 partnerships which support Adult Safeguarding. The strategic role of the Adult Safeguarding Unit is fully embedded with a focus on and Quality Assurance and policy development. The Deprivation of Liberty Safeguards (DOLS) function sits within this Unit.

Key Achievements

'Making Safeguarding Personal' has been successfully integrated into adult safeguarding, ensuring vulnerable adults are at the centre of our practice. The launch events took place in November 2014 and are now available to view online on the Kent.gov website. A multi-agency package of workshops for safeguarding leads across Kent has been developed and will be delivered in the Summer 2015.

'The Care Act 2014' guidance was published in October 2014 by the Department of Health and it will come into effect from 1st April 2015. Extensive work has been undertaken by KCC and multi-agency partners, many of them being led by the Safeguarding Adults Board (SAB), to ensure that we are Care Act compliant, for example:

- The Policy, Protocols and Guidance document has been revised in line with the Care Act
- Integration of Making Safeguarding Personal, which was implemented in January 2015
- Ongoing work to revise processes and forms used
- Making information accessible to all
- Fully implementing the innovative Quality in Care partnerships currently being piloted
- Transforming Care – This is the second phase of the Winterbourne Programme and we continue to integrate between Health and Social Care to prevent inappropriate hospital admissions for people with learning disabilities experiencing mental health issues or episodes of challenging behaviour that could be managed in the community

A Safeguarding Adults and Mental Capacity Act Development Framework is being developed to support practitioners at all levels. This will help increase knowledge, skills and understanding of their roles and responsibilities within Adult Safeguarding, Mental Capacity Act and the Deprivation of Liberty Safeguards.

Key Challenges

- Implementation of the Safeguarding section of the Care Act supported by guidance.
- DOLS applications continue to rise significantly – They have increased 10 fold compared to 2013/14.
- Safeguarding referrals are increasing overall due to increased awareness of the service.

Future Plans 2015-2016

- Continue to focus on the quality of safeguarding work across KCC.
- Consider new models of safeguarding in response to the Care Act 2014.
- Undertake detailed analysis in order to understand the issues related to human trafficking, modern slavery and sexual exploitation nationally and in Kent.

Medway Council

Overview of 2014 – 2015

Medway Council has mainly focused this year on preparing for the new statutory duties of the Care Act (2014), including sign up to the Bronze level of the Local Government Association/Association of Directors of Adult Social Services *Making Safeguarding Personal* Programme.

Key Achievements

- The Jigsaw project (hosted by MCCH) has delivered information sessions to Medway Magistrates Court, Medway Open Road, Victim Support and police staff. A Jigsaw information booklet has been developed, which includes information regarding learning disabilities / autism and inclusion tips, contact details for local and national learning disability / autism organisations, which can provide support and advice and background information about the Living in Fear Project. These booklets are provided to everyone who attends an information session, and includes court-specific information tailored for personnel attending the court-based sessions. The project has also produced Health Check Guidance which is being piloted in a GP surgery in Rochester.
- As a pilot site for Health and Social Care Information Centre (HSCIC) Adult Social Care Safeguarding Survey we were able to collect views from people following adult safeguarding case closures. Of the adults at risk who were interviewed 80% told us that they 'felt listened to' and were 'happy with the end result of what people did to help them keep safe'. Of the adults at risk or their representatives interviewed, 80% and 100% respectively, felt 'a lot' or 'quite a bit safer' because of the help they had received.
- Following our training and development programme for adult safeguarding minute takers, our audit revealed that 90% of our teams had achieved adoption of the standard agenda templates and 60% correct use of the 'essential' agenda items. In 2013 our minutes were taking on average five weeks to be signed off and distributed after the meeting, this has now improved to three weeks showing an overall improvement of 60%.

Key Challenges

- Reviewing the 'Adult Safeguarding Workflow' within our recording system to meet the requirements of the Care Act in order to embed the six principles of adult safeguarding: protection, prevention, accountability, proportionality, empowerment and partnership.
- Managing the increasing demand of adult safeguarding enquiries following an a 40% increase in the number of alerts to the Council.

Future Plans 2015-2016

- The Jigsaw Project has worked with Medway Youth Trust to produce a DVD that will be shown in schools to raise awareness of anti-social behaviour and Hate Crime.
- Our Making Safeguarding Personal (MSP) work programme hopes to continue to engage with key social workers and multiagency partners who are acting as MSP champions; develop supportive, reflective supervision and learning opportunities for staff; review how and in what circumstances advocacy is made available; develop materials to support practitioners and the people they are working with; develop an appropriate range of recording mechanisms; link MSP into wider personalisation, engagement and prevention initiatives and strategies and gain commitment from partner organisations to making the cultural and organisational changes that are required. The publication of our 'Safeguarding and You' customer leaflet and the roll out of our customer satisfaction survey will take place in 2015.

NHS Clinical Commissioning Groups across Kent and Medway

Overview of 2014 – 2015

Clinical Commissioning Groups were formed in April 2013 following the abolishment of Strategic Health Authorities and Primary Care Trusts.

There are eight CCGs across Kent and Medway:

NHS Ashford CCG

NHS Dartford, Gravesham and Swanley CCG

NHS Canterbury and Coastal CCG

NHS Swale CCG

NHS South Kent Coast CCG

NHS Medway CCG

NHS Thanet CCG

NHS West Kent CCG

Until the end of December 2015 the Safeguarding Adults team was hosted by NHS Medway, since then the hosted team has been disaggregated and each CCG's Chief Nurse has the accountability for safeguarding on behalf of their Governing Bodies. The four Designated Nurses for Safeguarding Adults are employed by the CCG's and report directly to the Chief Nurses.

Key Achievements

- All eight CCGs are authorised as statutory organisations. Each CCG has clear lines of accountability for safeguarding reflected in CCG governance arrangements, and arrangements in place to co-operate with the local authority in the operation of the Safeguarding Adults Board. The Designated Nurses from each of the 8 neighbouring CCG's have established effective roles and responsibilities across the commissioning functions during the transitional period following the disaggregation.
- GP awareness of adult safeguarding has been an area of priority for the Designated Nurse although the responsibility for GP training remains with NHS England (Kent and Medway Area Team). The Designated Nurses have delivered level 2 training at GP Protected Learning Time events and in order to support this learning each nurse continues to provide advice and support to their own area.
- In order to provide assurance to their governing bodies that health providers remain compliant with current statutory requirements and respond effectively to changes in legislation and best practice, Safeguarding metrics have been developed covering training, staffing, governance systems, multi-agency working, reporting and investigation of adult protection alerts, Prevent, Domestic abuse, MCA, DoLS and consent.

Key Challenges

- Ensuring that CCGs were sighted on emerging adult safeguarding risks, including compliance with the Mental Capacity Act, and the implications of the Supreme Court judgement on the Deprivation of Liberty.
- Further partnership working with social care partners in order to encourage and improve quality and safety in the care home sector has involved the development of multi-agency Care Home Forums in each CCG.

- Embedding legislation and recommendations from the Care Act 2014 and Counter Terrorism and Security Bill 2015. Sections 42-46 of the Care Act 2014 place on a statutory footing some of the safeguarding obligations that were located in the No Secret's guidance. In discharging the statutory duties there are expressed reciprocal duties for other partners to co-operate. These include NHS England, all CCG's and Health Care Trusts in the Local Authorities' area. The NHS England Safeguarding Adults Accountability and Assurance Framework sets out the safeguarding roles, duties and responsibilities of all organisations in the NHS.

Future Plans 2015-2016

- Implementing safeguarding and MCA provider metrics to capture meaningful safeguarding data and measurable outcomes from provider organisation.
- Continuing to ensure that the CCG's are fully compliant with the NHS England Safeguarding Adults Accountability and Assurance Framework with key areas of work being; Aligning Designated Nurse duties with the Designated Adult Safeguarding Manager roles.
- Amending Awareness, Levels 1 and 2 Safeguarding Adults training to comply with the revised Multi-Agency Policy and procedures, all other relevant legislation and the proposed intercollegiate document for Safeguarding Adults.
- Aligning all CCG Safeguarding policies and strategic objectives with relevant legislation.
- Ensuring both CCGs and Provider organisations are focussed to meet the Making Safeguarding Personal agenda.
- Discharge of the duties of the House of Lords Mental Capacity Act Implementation Programme.

Kent and Medway NHS and Social Care Partnership Trust

Overview of 2014-2015

Kent and Medway NHS and Social Care Partnership Trust (KMPT) has seen a steady increase in the numbers of applications for Deprivation of Liberty as well as requests for S12 doctors to complete assessments. The increased workload for doctors completing assessments has been well managed. Mental Capacity Act compliance and understanding has been monitored closely with quarterly audits throughout the year. This has allowed for targeting of resources and training where needed. Domestic Abuse cases have been highlighted in adult protection alerts which demonstrate increased awareness by staff. KMPT continues to contribute to all Multi-agency Risk Assessment Conferences across the county.

Key achievements

- Some success in closing down adult protection cases over 6 months old.
- Improved system for tracking the Deprivation of Liberty applications and outcomes of same, across the organisation. All databases are electronic.
- Positive Increased uptake of Level 3 adult protection training – ‘the investigators role’ by teams outside of the usual adult community mental health teams.

Key challenges

- With the Health and Social Care Act and the Making Safeguarding Personal agenda there is a need to embed this ‘person centred practice’ into safeguarding work in a robust but sensitive manner.
- There needs to be structured support to staff to implement the policy on Self-Neglect. Early signs are positive around its introduction.

Future plans 2015-2016

- In line with Health and Social Care Act and revised Multiagency Policies and Protocols, KMPT’s internal policies on safeguarding adults will be reviewed.
- Auditing and monitoring of compliance with the Mental Capacity Act particularly the interface with Deprivation of Liberty and the Mental Health Act will continue as a priority.
- Monitor the effectiveness of the Self-Neglect Policy where it is used.

Dartford and Gravesham NHS Trust

Overview of 2014 – 2015

All staff continue to be trained in safeguarding through core induction and mandatory training. The annual safeguarding update for Consultants and new junior medical staff continued throughout the period. Kent County Council (KCC) training dates for additional safeguarding and Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DOLS) have been circulated to all relevant Trust staff groups. KCC have also provided additional onsite training by offering MCA and DOLS as separate whole days of training. These dates are booked up until March 2016.

Capsticks are providing three hours sessions on DOLS Supreme Court ruling, these have been booked up to March 2016 and are well evaluated.

Maintenance of the Safeguarding Vulnerable Adults Dashboard for the Clinical Commissioning Group (CCG) up to March 31st 2013, maintenance of Trust AP1 spreadsheet and the quarterly audit of the numbers and outcomes of safeguarding referrals continue. The Trust Safeguarding Lead or the Safe Guarding & Learning Disability Nurse continue to attend case conferences. The Director of Nursing & Quality (joined in June 2014) is the Executive Lead and attends all relevant board meetings, with the Chairman of the trust as the non-executive lead. The trust also recently appointed a Deputy Director of Nursing who is also supporting the safeguarding agenda. The Safeguarding lead remains the Prevent Lead for Dartford and Gravesham NHS Trust (DGS).

Key Achievements

- The Safeguarding & Learning Disability Nurse took up her post in October 2014 which co-in sided with the 2nd Learning Disability Conference.
- There are now nearly 100 Hospital passports currently placed on the Trust Patient Administration System with Hospital contact numbers on the key fobs. With a huge increase in the numbers of people flagged on the patient system as having a learning disability to over 300. There are however still data protection problems with the sharing of information with the Trust with regards to the flagging of these patients.
- Through the three hour Capsticks training sessions there has been an increase in all professional staff accessing DOLS training.

Key Challenges

- Joint investigations into community acquired grade 3 and 4 pressure ulcers. These are currently being jointly investigated by the Safeguarding & Learning Disability Nurse along with named professionals from KCC.
- Continuing to ensure that medical staff understand their role under the Mental Capacity Act (MCA).
- Ensuring key staff attend relevant training.
- Ensure Best Interest meetings occur appropriately and are documented robustly.

Future Plans 2015-2016

- To continue identifying exactly which patients require DOLS.
- Continue to provide training and education for staff, especially in key areas and those working with adults at risk.
- Working with the CCG to reduce the risk of non-hospital acquired pressure ulcers.
- Increase the profile and awareness of the Learning Disabilities service.
- Investigate option of implementing work experience for young people with Learning Disabilities.

East Kent Hospitals University NHS Foundation Trust

Overview of 2014-2015

The Adult Safeguarding team have renamed, in order to reflect their preventative work, changes because of the introduction of the Care Act 2014 and the inclusion of the Learning Disabilities service. Now known as the "People At Risk Team" (PART), they continue to support doctors, therapists and nurses across each of our three main hospital sites and two community hospitals, in all matters relating to safeguarding and the protection of people's human rights.

They work closely with the specialist Dementia, Nutrition and Tissue Viability teams, to improve the quality of care for patients and ensure that it is person centred.

There have been 37 formal allegations of abuse against the Trust within the last year. The Trust has raised formal concerns on behalf of patients, relating to events in the community on 54 occasions.

Key achievements

- The Harm Prevention group has been established, with the clinical specialist members, to identify and target key clinical issues highlighted in investigations complaints and local intelligence that affect safeguarding.
- The team have engaged with Multi agency initiatives, "Making Safeguarding Personal", "Self-Neglect Policy" and a People Trafficking research project.
- Adult Safeguarding training is now being delivered to the Trust's sub-contractors to improve consistency and partnership working.
- Creation of the SMART + tool for the identification of "adults at risk".
- Audits created to monitor the application of the Mental Capacity Act in clinical practice, the surgical Consent Audit and Do Not Attempt CPR (DNACPR) orders audit.
- An increased focus on training medical staff.

Key challenges

- The Supreme Court judgement about the application of the Deprivation of Liberty Safeguards (DOLS) has had a significant impact on caring for people who lack mental capacity and who are unable to understand their own care and treatment requirements.
- This has required a much larger number of patients to fall in to the DOLS category than before and has created a significant pressure on all staff involved, to adapt to the increased demand.

Future plans 2015-2016

- Create an electronic solution for application and monitoring DOLS applications.
- Continue to increase our understanding of adults at risk within the acute setting including domestic abuse.
- Continue to imbed SMART + Tool.

Medway Community Healthcare

Overview of 2014-2015

Another busy year at Medway Community Healthcare (MCH) from our Safeguarding Adults perspective. The Safeguarding Adults Team collect data about enquiries, alerts raised and DOLS applications made throughout the year: in 2013/14 the team logged 373 such contacts, in 2014/15 that number rose to 625. This increasing awareness shows our staff are identifying concerns and helping keep people safe.

The Deprivation of Liberty Safeguards revised test has resulted in greater numbers of applications from all three of our inpatient units, Darland House, St Bartholomew's Hospital and Wisdom Hospice; an increase from 2 applications in 2013/14 to 103 in 2014/15. Our staff have a clear understanding of capacity assessment and ensuring where possible care is planned in advance with the person we are providing care for.

In addition the Safeguarding Adults Team completed an audit of capacity assessments undertaken by our staff. In October 2014, 780 capacity assessments were available to be audited on our electronic patient record system. The audit evidenced good overall awareness, understanding and implementation of the Mental Capacity Act across services.

The Kent and Medway Self Neglect Policy has also played a significant role within MCH since its launch in October 2014. In addition to the workshop facilitated by the Kent and Medway Safeguarding Adults Board, our Team has facilitated 6 workshops internally which have been well received and have resulted in multi-agency meetings being called under the policy for individuals assessed as being at significant risk of harm.

Key Achievements

- Implementation of revised test under DOLS - *Outcome* – inpatients and carers assured that care provided is in best interests and subject to external scrutiny.
- Engagement and practice of consent and MCA - *Outcome* – Patients treated lawfully
- Implementation of Self Neglect Policy - *Outcome* – Greater scrutiny of risk and utilisation of legislation to provide care to adults at risk of significant harm through self-neglect.

Key Challenges

- Continued application of revised test at end of life.
- Increasing demands for performance data within a small resource.
- Policy and training revision in light of legislation changes.

Future plans 2015-2016

- Implementation of robust Prevent WRAP and Safe Enquiry training at Corporate Induction.
- Increasing awareness of DOLS for staff who visit patients in the community.

Kent Community Health NHS Foundation Trust (KCHFT)

Overview of 2014-2015

During 2014/15, Kent Community Health NHS Foundation Trust (KCHFT) Safeguarding and MCA specialist practitioners worked with frontline staff, to implement the changes resulting from the in-year Supreme Court ruling and ensure that the Trust upheld the law, when caring for patients who may be unable to consent to or during their admission onto one of the Trust's Community Hospitals.

Thirty five safeguarding adult allegations implicating KCHFT were investigated by KCC during the year. The categories of abuse that were of particular note related to neglect associated with tissue viability (pressure ulcers) and failure to act. Following investigation, 5 of the cases were substantiated and 1 was partially substantiated. A further 46 cases implicating KCHFT remained open at the end of 2014/15.

Two hundred and thirty seven allegations implicating other organisations were raised by KCHFT staff, with the highest category of abuse by a significant margin relating to neglect.

Key Achievements

- Our MCA Co-ordinator, who was recruited in-year, provided practical support and advice on complex mental capacity related cases, including collaborating across specialist services such as End of Life and Dementia.
- Our frontline staff are aware of and raise safeguarding alerts, consult regularly with our Safeguarding specialist practitioners on cases of particular concern and access structured Safeguarding supervision that is embedded in the ongoing work between our Safeguarding and operational services.
- We participated in the Kent and Medway Safeguarding Adults Board Self-Assessment Framework review audit, which demonstrated that the Trust met its entire obligation in safeguarding adults accessing its services.

Key Challenges

- Reducing the number of substantiated cases of neglect relating to tissue viability and failure to act.
- Improving MCA training compliance proved challenging and was heavily dependent on timely support from Operational Managers.
- On-going challenges implementing changes to the DOLS legislation.

Future Plans 2015-2016

- Full implementation of the Care Act 2014 and *Care and Support Statutory Guidance 2014* across the Trust.
- Maintain MCA training compliance, in particular the advanced level of training relating to DOLS.
- Continue the work of extending the role of the MCA link/Safeguarding champion across identified operational services.
- Incorporate *Prevent* basic awareness and WRAP3 training into our safeguarding training, at induction and 3 yearly updates.

Kent Police

Overview of 2014-2015

Austerity measures continue to impact on policing in Kent. Further re-structure has established the amalgamation of the police response teams with the neighbourhood teams and the custody functions. Vulnerability is seen as a force priority and it is hoped that further reductions will not impact too heavily on the Public Protection Units. (PPU)

Kent Police have been involved in the roll out of the Making Safeguarding Personal programme by assisting in facilitating multi-agency cascade training throughout 2014. The police training school has reviewed and developed the joint training level four course and are looking to roll this out shortly.

The Missing Persons Liaison Officers (MPLO) and County Co-ordinator are now established within the structure of the PPU. This has enabled us to focus more clearly on institutions in respect of clients who go missing and helps us to understand more closely the homes we have in Kent and Medway.

Canterbury area has embarked on a county project to examine our response to dementia patients that wander. A multi-agency working group has been established and are looking at effective strategies to anticipate wanderer's actions, provide preventative measures and explore the deployment of electronic devices to assist in their protection.

The Central Referral Unit both at Kroner House and at Compass House have Police Designated Adult Safeguarding Managers identified to provide a consistent and dedicated response for partners to liaise with in matters of safeguarding concern.

The 2013 Protocol and Good Practice Model for police and local authority disclosures in parallel proceedings has updated the disclosure process for children but not adults. Police were heavily involved in the responses to the protocol for children and will now embark on assisting to update the adult process.

Kent Police have now developed a dedicated Sexual Offences Investigation Team to improve the police response to allegations of sexual crime. This centralised team of dedicated officers will improve our response to sexual crime and be active in uncovering safeguarding issues with victims.

Key Achievements

- The development of training for the new Care Act 2014.
- PPU taking over the strategic lead of Missing Persons.
- The effective roll out of Making Safeguarding Personal Training.

Key Challenges

- The effective use of the legislation encompassed in the Care Act 2014.
- Reaffirm safeguarding principles within a further restructure of Kent Police.
- Piloting preventative measures for Dementia sufferers.

Future Plans 2015-2016

- Continued adult safeguarding training for the workforce.
- Further develop the multi-agency response to Dementia sufferers who wander.
- Full engagement with the Kent and Medway Safeguarding Adults Board to implement the Care Act 2014.
- Engagement with the Kent and Medway Safeguarding Adults Board to update the disclosure process.

Adult Abuse Data Financial Year 2014/15

	Total recorded crimes	Total Secondary Incidents	Total
Ashford	29	59	88
Canterbury	130	94	224
Dartford	36	53	89
Dover	82	65	147
Gravesham	24	78	102
Maidstone	49	68	117
Medway	67	223	290
Sevenoaks	26	30	56
Shepway	42	50	92
Swale	49	144	193
Thanet	81	108	189
Ton/Malling	38	43	81
T/Wells	23	43	66
Force	676	1058	1734
2013-14	674	1405	2079

Crime Type Breakdown

	Violence	Sexual	Theft	Robbery	Other
Ashford	21	5	1	1	1
Canterbury	104	11	9	0	6
Dartford	29	3	2	0	2
Dover	57	7	7	0	11
Gravesham	16	2	4	1	1
Maidstone	38	2	1	0	8
Medway	43	8	14	0	2
Sevenoaks	26	0	0	0	0
Shepway	39	1	2	0	0
Swale	38	8	3	0	0
Thanet	52	12	13	0	4
Ton/Malling	33	1	4	0	0
T/Wells	15	4	3	0	1
Total	511	64	63	2	36
2013-14	470	58	97	2	44

Crime types mostly relate to recorded crimes with secondary incidents mostly remaining unclassified.

Violent crime reports have increased with the biggest increases being Canterbury up from 85 to 104 and Tonbridge and Malling up from 17 to 33. Theft has decreased across the board but with the biggest reduction in Shepway down from 12 to 2.

Secondary incidents (Non crime) investigations have reduced by 345 over the year; again these are across the board with the largest reduction in Thanet down from 287 to 189.

The reasons for this are unclear but could be due to better working practices around the interface of safeguarding and mental health. This also may be a reflection of earlier, more personal interventions with the role out of Making Safeguarding Personal.

Medway NHS Foundation Trust

Overview of 2014-2015

All staff continues to be trained in safeguarding through core induction and mandatory training. Medway Foundation Trust (MFT) training dates for additional safeguarding and Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DOLS) have been circulated to all relevant Trust staff groups. These dates are booked up until December 2015. The Trust Safeguarding Lead continues to attend case conferences. The Safeguarding Lead remains the Prevent Lead for Medway Foundation Trust (MFT).

Key Achievements

- There has been a huge increase in safeguarding training attendance.
- Best Interest meetings occur appropriately and are documented robustly.
- We have incorporated Prevent basic awareness into our safeguarding training.

Key Challenges

- With the Health and Social Care Act and the making safeguarding personal agenda there is a need to embed this 'person centred practice' into safeguarding work in a robust but sensitive manner.
- Joint investigations into hospital acquired grade 3 and 4 pressure ulcers. These are currently being jointly investigated by the Safeguarding and Tissue Viability Nurse along with named professionals.
- The Supreme Court judgement about the application of the Deprivation of Liberty Safeguards (DOLS) has had a significant impact on caring for people who lack mental capacity and who are unable to understand their own care and treatment requirements, this has required a much larger number of patients to fall in to the DOL's category than before and has created a significant pressure on all staff involved, to adapt to the increased demand.

Future Plans 2015-2016

- Create an electronic solution for application and monitor DOLS applications.
- Continue to increase our understanding of vulnerable adults within the acute setting including domestic abuse.
- Full implementation of the Care Act 2015 and Care and Support Statutory Guidance 2014 across the trust.
- To continue identifying exactly which patients require DOLS
- Continue to provide training and education for staff, especially in key areas and those with especially vulnerable patients.
- Working with the CCG to reduce the risk of non-hospital acquired pressure ulcers.
- Increase the profile and awareness of the LD service.
- Monitor the effectiveness of the Self-Neglect Policy where it is used.

Maidstone and Tunbridge Wells NHS Trust

Overview of 2014-2015

The outcome of the 2014 Care Quality Commission report in relation to the Trust identified that Trust staff were able to describe how they would get support and advice, who from, and they were able to demonstrate how they would raise their concerns and make Safeguarding Adults referrals appropriately.

The Trust has in place a Safeguarding Adults Committee with both multi-professional and multi-agency representation. The Committee is chaired by the Deputy Chief Nurse. The Safeguarding Adults Committee continues to report to the Quality and Safety Committee and the Trust Board gain periodic assurance throughout the year via this route.

The Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure has been reviewed and updated as a result of the changes in case law with regards to Deprivation of Liberty Safeguards. As a result of the impact of the Supreme Court Judgement the Trust has provided a number of training sessions, ward based and have seen the numbers of DOLS applications rise exponentially in line with national trends.

The Trust Domestic Abuse Policy and Procedure was published last year and covers Domestic Abuse responses for both patients and staff members. Matron for Safeguarding Adults has assisted with a number of staff related referrals with regards to Domestic Abuse.

The Trust's Missing Adult Patient Policy and Procedure was published in March 2015. Kent Police are considering using M&TW's policy as the basis for a Procedure across Kent.

The Trust's suite of training has been updated to reflect the Care Act Guidance.

The impact upon patients is that they can be assured that if they raise concerns these will be responded to appropriately.

Key Achievements

- Continue to raise awareness of the use of the MCA and DOLS processes.
- Staff continue to feel confident about raising safeguarding alerts.
- Training delivery reviewed, revised and updated in line with the Care Act 2014.

Key Challenges

- To continue to follow the DOLS processes even though it is widely acknowledged that they are not fit for purpose.
- To administrate and report effectively on the various areas attached to the Safeguarding Adults agenda, i.e. *Prevent*, Learning Disability admissions, Best Interest meetings.
- To ensure that the Learning Disability Agenda is given the time warranted to progress such issues as easy read leaflets, Hospital passports and capturing required data.

Future Plans 2015-2016

- To continue focussing on Mental Capacity Act and Deprivation of Liberty Safeguards training in 2015.
- To consider options available to ensure that Learning Disability issues are prioritised.
- To continue working with our security contractor to ensure that security staff are trained in how to effectively manage patients who are potentially at risk of harm.

South East Ambulance NHS Foundation Trust

Overview of 2014-2015

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to promoting and safeguarding the welfare of all vulnerable people; recognising that everybody has the right to be protected from harm, exploitation and neglect within the context of the law and personal civil liberties. During 2014/15 the Trust has undertaken a review of its safeguarding arrangements and the safeguarding team has seen an increase in capacity during this period. Referral rates have continued to rise with an overall increase of 18% from 2013/14 across the whole Trust area. Unfortunately it is not possible to break down the reporting figures by local authority area due to data entry challenges, however, it is anticipated this will be addressed during 2015/16.

Key Achievements

- Appointment of a full-time Safeguarding Support Officer adding resilience and capacity to the safeguarding team.
- Re-introduction of a Domestic Abuse (DA) pilot in Sussex with increased DA awareness training across the whole Trust.
- Successful pilot for an on-line reporting process across the whole Trust.

Key Challenges

- A significant backlog of data entry for vulnerable person (VP referrals) due to legacy departmental capacity issues made reporting and analysing referrals for the year challenging. This has since been rectified at the end of Q4 and into Q1 2015/16.
- Lack of capacity within the team during the first half of the year meant it wasn't possible to properly engage with local safeguarding boards across the region. This has improved following the appointment of additional staff in the team.
- Understanding how the 111 service differed from the 999 service provided across the Trust and the unique challenges faced by staff who do not see the patient with regards to making referrals was a core requirement.

Future Plans 2015-2016

- The safeguarding team will continue to roll out the electronic reporting across all Trust sites (including both 111 sites) leading to improved monitoring and analysis of the information being gathered.
- The DA pilot will continue as per the commissioned plan, including project review and evaluation to assist the development of business case proposals for its sustained continuity beyond December 2015.
- The team will continue to work with 111 to improve the understanding of safeguarding referral requirements and referral data analysis.
- A significant volume of safeguarding and DA reporting metrics have been agreed with lead commissioners for reporting where possible during 2015/16.
- In partnership with learning and development colleagues, the team will progress the delivery of MCA training to all clinical staff in accordance with the Trusts key skills plan (including application of capacity assessments, obtaining consent to treatment and use of control and restraint techniques) supported, if appropriate, by a tier of Mental Health expertise available to operational staff.

Kent Fire and Rescue Service

Overview of 2014-2015

During the last year, the Service has invested in increasing the number of officers it has specifically trained to carry out home safety visits for vulnerable people.

This has included merging two teams; the Home Safety Visit team and the Vulnerable Persons team. A comprehensive training programme was put in place which included training sessions and a period of shadowing.

A group of volunteers have been recruited to assist the Service in identifying vulnerable people and referring them for home safety visits.

The volunteers have been attending various venues, groups and meetings across Kent and Medway, including Domestic Abuse one-stop shops, Sure Start children centres and retirement associations. The volunteers have also been piloting a GP referral system in rural surgeries.

Over the last few years, there has been a gradual increase of operational fire-fighters identifying signs of vulnerability whilst responding to emergency incidents and referring people to the Vulnerable Persons team for action.

Key Achievements

- 5210 home safety visits were carried out in households scoring high in terms of risk from fire or ability to escape from fire. Through the Home Safety Visit Scheme, officers have reduced the risk of fire for 5210 vulnerable households by installing risk reduction measures such as; specialist smoke alarms, flame retardant bedding, timed cooker switches and giving fire safety advice.
- 10 dementia champions have been trained and 400 people in the Service received the Dementia Friends training. Through better knowledge of dementia within the Service, officers are now better equipped to communicate and work more effectively with sufferers and their families.
- The Service has increased the number of officers trained to identify and support vulnerable people.
- Establishment of a 24 hour out of hours safeguarding duty system. The safeguarding duty system has provided 24 hour safeguarding advice for Kent Fire and Rescue staff which has resulted in earlier safeguarding responses being actioned.

Key Challenges

- Raising the Service's profile as a safeguarding partner to prevent barriers in information sharing.
- Trying to identify individuals that would benefit from our home safety services that are not already known to other agencies.
- Continuing to raise awareness of our services with other agencies that have a high staff turnover such as care agencies.

Future Plans 2015-2016

The Service is looking at closer joint working between key agencies, including co-location of staff to assist in the effective identification and response to members of the community at high risk from fire who also need support from other agencies.

Section 7: Safeguarding Activity

1. BACKGROUND TO DATA

The data for this report was extracted from the Kent County Council social care system (SWIFT) and the Medway Council safeguarding database. In most cases, the data included in this report is consistent with the Department of Health (DH) statutory returns: Abuse of Vulnerable Adults (AVA) for 2012-13 and the Safeguarding Adults Return (SAR) for 2013-14 & 2014-15.

** 2014-15 data is not yet validated and so maybe subject to change*

The first part of the report looks at new safeguarding adults referrals. A referral is made when a concern has been raised leading to an adult safeguarding investigation. The second part of the report summarises the outcomes of safeguarding referrals in Kent and Medway.

2. NEW SAFEGUARDING ADULTS REFERRALS

2.1 Number of referrals and rate of change

There were a total of 3517 new safeguarding adult referrals in the period 2014-2015, which sees a 0.7% decrease on the previous year. Kent saw a decrease of 3.1% in their referrals from 2013-14 to 2014-15. Medway's rate of referrals has decreased by 22.5%.

During 2014/15, Medway had 604 adult safeguarding alerts, which progressed to 244 number of safeguarding enquiries (referrals).

In 2013/14, when a safeguarding alert met the criteria for a safeguarding investigation these were recorded and counted as a 'safeguarding referral'. However, Medway Council had no recording mechanism for the numbers of alerts that did not meet the criteria for a referral. The ASCOF's Safeguarding Adult Return did not mandate us to record alerts and subsequently those cases then went onto to further investigation (referrals) were only submitted.

With the introduction of Frameworki in April, every safeguarding concern notified to us is raised on the system as a safeguarding alert, hence why the number of alerts appears to be high this year but the number of safeguarding referrals, those that have progressed to a safeguarding enquiry, has decreased as a result. Therefore, due to the method and criteria for recording these are not comparative figures as with last year.

Area	12-13	13-14	14-15	% change between 13-14 & 14-15	% of total in 14-15
Kent	2863	3176	3273	-3.1%	93.1%
Medway	313	315	244	-22.5%	6.9%
Total	3176	3491	3517	0.7%	100.0%

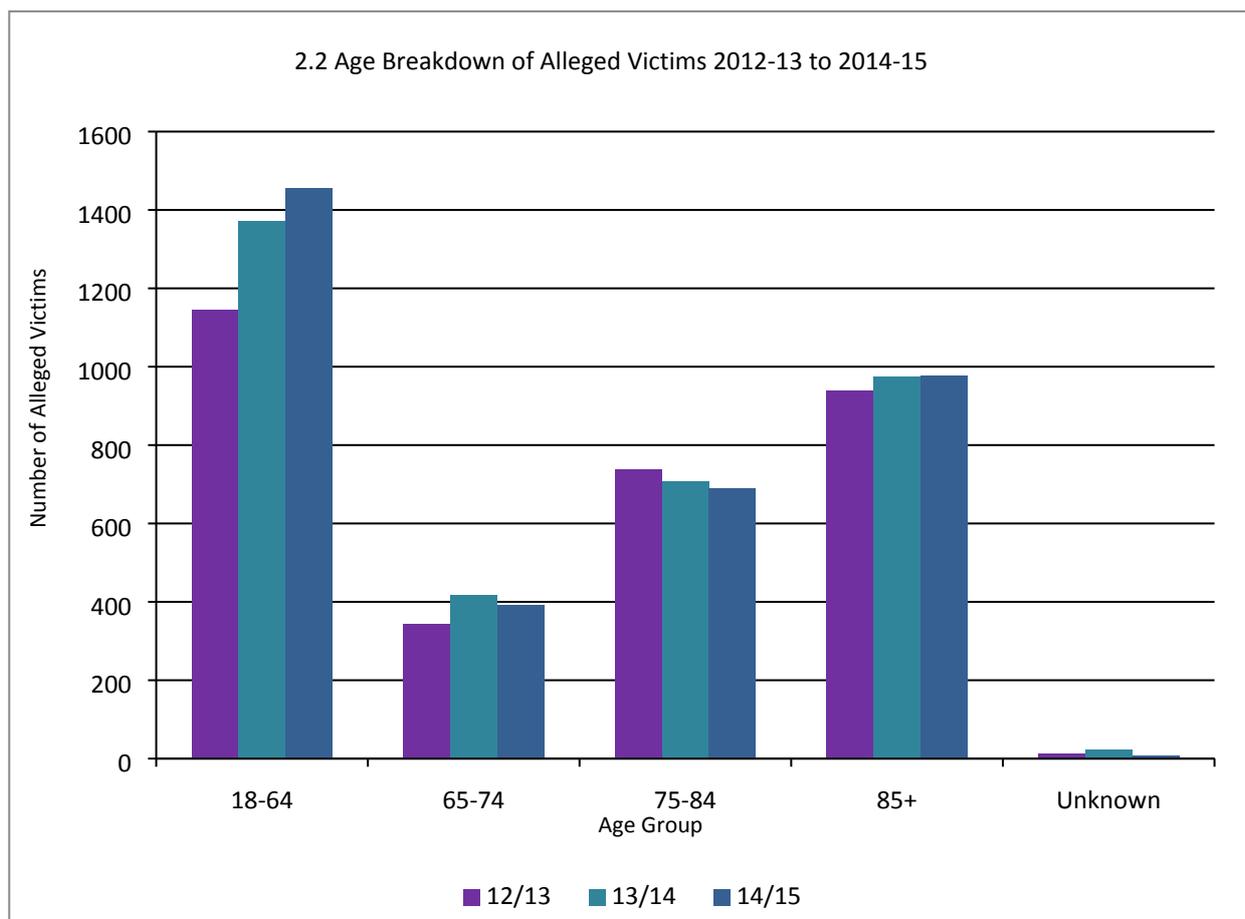
Table 2.1: Number of referrals year on year and rate of change 12-13 to 14-15

2.2 Age of alleged victims

In the period 2014 to 2015, the majority of all referrals, 38.8%, were from the 18-64 age group, with the second most prevalent group being the 85+ age category, 29.4%. There has been no significant change in the proportions of referrals across the age groups over the past three years.

Age group	12-13		13-14		14-15	
	Number	%	Number	%	Number	%
18-64	1145	36.1%	1372	39.3%	1454	41.3%
65-74	344	10.8%	416	11.9%	391	11.1%
75-84	737	23.2%	707	20.3%	690	19.6%
85+	939	29.6%	974	27.9%	976	27.8%
Unknown	11	0.3%	22	0.6%	6	0.2%
Total	3176	100.0%	3491	100.0%	3517	100.0%

Table 2.2: Age breakdown of alleged victims for the periods 2012-13 to 2014-15



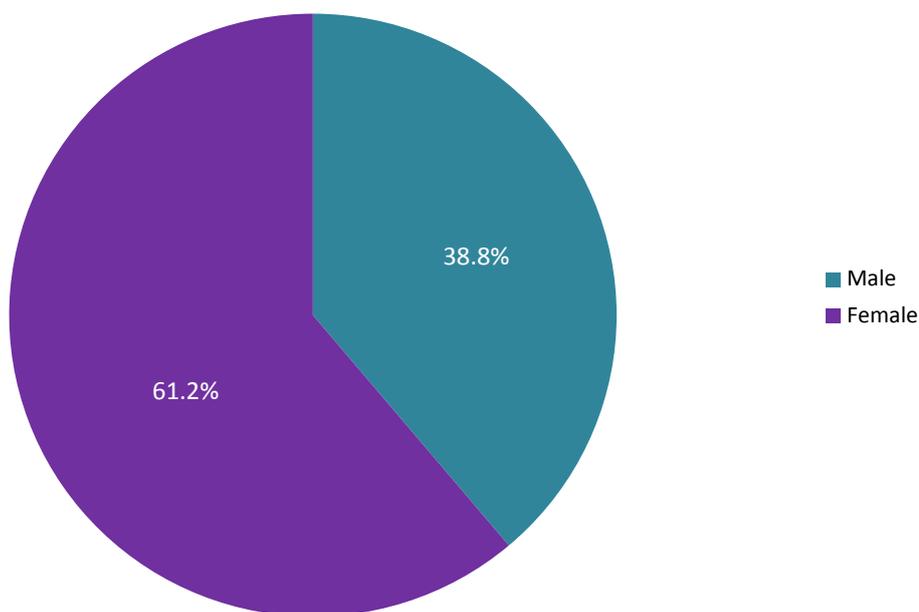
2.3 Gender of alleged victims

In 2014-2015, the highest proportions of alleged victims were female at 61.2%. This is consistent with the previous two years of reporting.

Gender	12-13		13-14		14-15	
	Number	%	Number	%	Number	%
Male	1193	37.6%	1375	39.4%	1366	38.8%
Female	1983	62.4%	2116	60.6%	2151	61.2%
Total	3176	100.0%	3491	100.0%	3517	100.0%

Table 2.3: Gender of alleged victims over the periods 2012-13 to 2014-15

2.3 Gender of Alleged Victims 2014-15



2.4 Ethnicity of alleged victims

In 2014-2015, the percentage of victims from a black or ethnic minority background increased from 3.0% to 3.4%. The percentage of alleged victims from a white background has decreased slightly from 88.1% to 86.5%. There has been an increase of 1.3 percentage points in the number of individuals where the ethnicity was not stated/not obtained between 2013-14 and 2014-15.

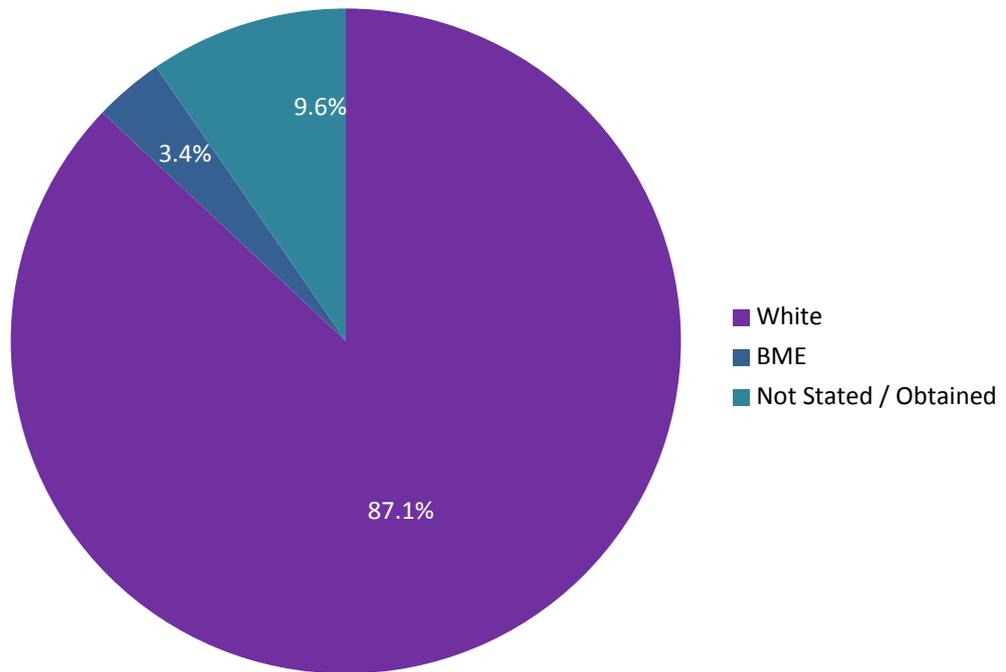
Ethnicity	12-13		13-14		14-15	
	Number	%	Number	%	Number	%
White*	2713	85.5%	3077	88.1%	3062	87.1%
BME **	113	3.6%	106	3.0%	118	3.4%
Not stated/ obtained	348	11.0%	308	8.8%	337	9.6%
Total	3174	100.0%	3491	100.0%	3517	100.0%

Table 2.4: Breakdown of Ethnic Group for the periods 2012-13 to 2014-15

* 'White' contains the DH ethnic groups of White British, White Irish, Traveller of Irish Heritage, Gypsy/Roma, Other White Background.

** 'BME' includes all Asian or Asian British, Black or Black British, Mixed and Other groups

Figure 2.4 Ethnic Breakdown of Alleged Victims 2014-15



2.5 Primary Support Reason of alleged victim

The Health and Social Care Information Centre (HSCIC) introduced a new way of categorising clients as part of the zero based reviews of Adults Social Care statutory returns. This saw a move away from using the primary client category towards recording a Primary Support Reason (PSR). Primary Support Reasons represent the reason why an individual is receiving support from the local authority rather than categorising them simply by the health condition that may result in an individual having support needs.¹ 2014-15 is the first year that the new Primary Support Reasons were reported.

The table below shows the number and proportions of individuals according to the Primary Support Reason. In both Kent and Medway the most prevalent support reason was Physical Support with Learning Disability Support as the second most prevalent. There were 14.7% and 23.0% of individuals with no support reason in Kent and Medway respectively. This is to be expected as individuals subject to a safeguarding referral will not always be receiving support from the local authority.

¹ Equalities and Classifications Guidance (EQ-CL), HSCIC 2014-15

Primary Support Reason	Kent		Medway	
	No.	%	No.	%
Physical Support	1267	38.7%	86	35.2%
Sensory Support	61	1.9%	2	0.8%
Support with Memory and Cognition	398	12.2%	23	9.4%
Learning Disability Support	654	20.0%	39	16.0%
Mental Health Support	419	12.8%	33	13.5%
Social Support	8	0.2%	5	2.0%
No Support Reason	466	14.2%	56	23.0%
Total	3273	100.0%	244	100.0%

Table 2.5: Breakdown of Primary Support Reason (PSR) for the periods 2012-13 to 2014-15

2.6 Location of alleged abuse

In 2014 to 2015 the main location for incidences of alleged abuse was within a residential care home, with 38.6% of referrals occurring here. This is consistent with the reported figures for the previous two years. 34.4% of incidences were reported to be in the alleged victims own home, this represents a 0.4 percentage point decrease from 2013-14. Incidences of abuse where the location is unknown have decreased by 0.5 percentage points. There were 112 referrals where the location of the alleged abuse was a Mental Health Inpatient Setting, this accounts for 3.2% of all new referrals. Historically, this data has not been consistently collected so there is no three year comparison however, comparable data will be available for future years reporting.

Location	12-13		13-14		14-15		% point change 2013/14-2014/15
	Number	%	Number	%	Number	%	
Own Home	1161	36.6%	1215	34.8%	1209	34.4%	-0.4
Community Service	131	4.1%	109	3.1%	116	3.3%	0.2
Care Home	1270	40.0%	1415	40.5%	1359	38.6%	-1.9
Hospital	125	3.9%	191	5.5%	150	4.3%	-1.2
Mental Health Inpatient Setting	~	~	~	~	112	3.2%	~
Public Place	89	2.8%	71	2.0%	70	2.0%	0.0
Other	143	4.5%	130	3.7%	156	4.4%	0.7
Not Known	257	8.1%	360	10.3%	345	9.8%	-0.5
Total	3176	100.0%	3491	100.0%	3517	100.0%	~

Table 2.6: Location of alleged abuse for the periods 2012-13 to 2014-15

* All care home settings, including nursing care, permanent and temporary

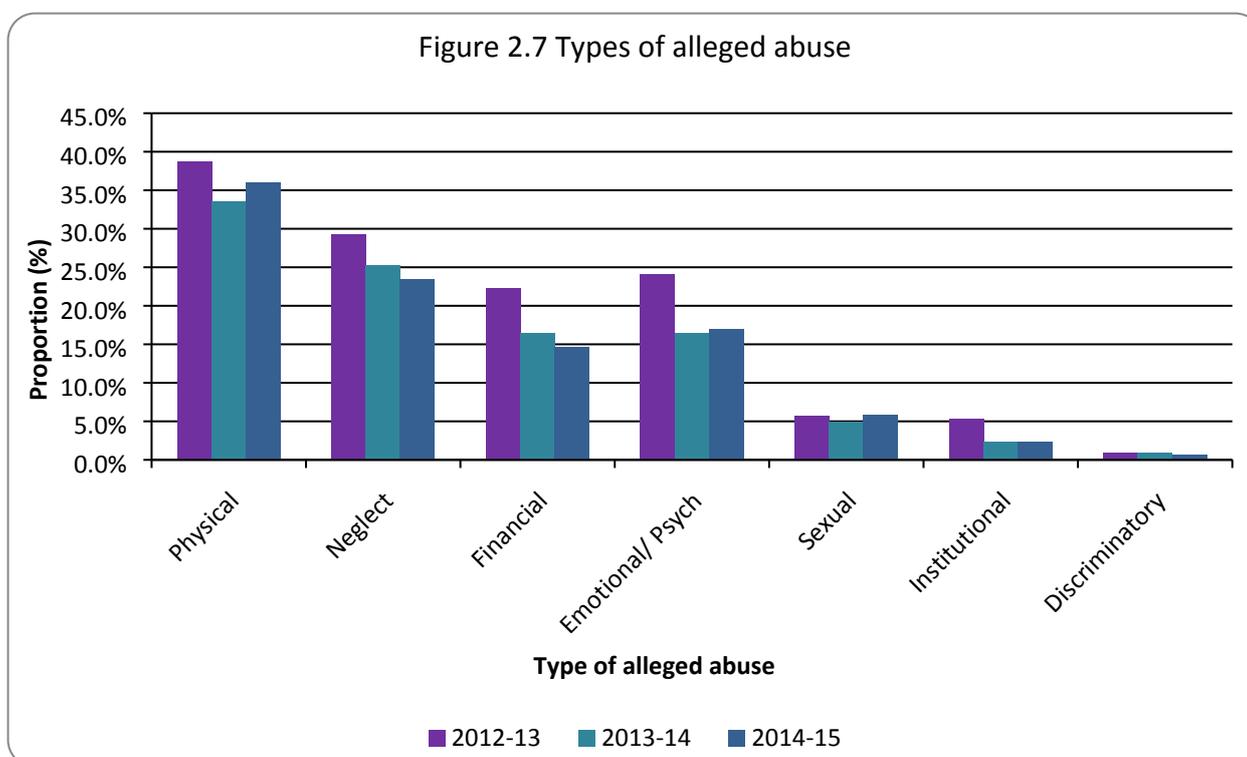
** Acute, community hospitals and other health settings

2.7 Types of abuse

Physical abuse has remained the category most prevalent over the past three years. The proportion of incidences where emotional/psychological abuse was a factor has decreased over the past three years by 7.1 percentage points between 2012-13 and 2014-15. Incidences where financial abuse was apparent have also decreased over the past three years, falling from 22.3% in 2012-13 to 19.0% in 2014-15. This may be due to recording issues, whereby staff only record the main type of abuse when there is more than one type of abuse. There has also been a recent change in systems and the recording process in Kent and Medway.

Categories of alleged abuse	2012-13		2013-14		2014-15	
	Number	%	Number	%	Number	%
Physical	1231	38.8%	1407	33.6%	1100	36.0%
Neglect	931	29.3%	1054	25.2%	750	23.5%
Financial	707	22.3%	688	16.4%	572	14.7%
Emotional/ Psychological	765	24.1%	691	16.5%	366	17.0%
Sexual	183	5.8%	206	4.9%	146	5.8%
Institutional	167	5.3%	98	2.3%	65	2.4%
Discriminatory	28	0.9%	39	0.9%	9	0.6%

Table 2.7: Type of alleged abuse by area (a referral may have multiple types of abuse recorded – the percentage figures relate to the proportion of all referrals where each type of abuse was apparent)



2.8 Source of safeguarding referral

The table below shows the comparison of safeguarding referrals over the past three years. The majority of referrals continue to come from social care staff however; there has been a 2.8 percentage point decrease from 2013-14 to 2014-15. Referrals from health care staff have seen an increase of 2.9 percentage points to 23.5%.

The proportions across the other sources of referrals have remained consistent over the past few years with no statistically significant increase or decrease between 2013-14 and 2014-15.

The 'Other' category includes Carers, Voluntary Agencies/Independent sector, Anonymous, Legal, Other LA, Benefits Agency, Probation Service and Strangers. The relatively high percentages for this category may be due to recording issues. Both Kent and Medway have safeguarding websites and leaflets accessible by members of the public. Safeguarding Awareness Week is key to increasing safeguarding awareness amongst members of the public.

Source of Referral	12-13		13-14		14-15		Percentage point change 13-14 & 14-15
	Number	%	Number	%	Number	%	
Social Care staff	1325	41.7%	1689	48.4%	1602	45.6%	-2.8
Health Staff	754	23.7%	718	20.6%	827	23.5%	2.9
Self Referral	97	3.1%	129	3.7%	122	3.5%	-0.2
Family member	273	8.6%	271	7.8%	202	5.7%	-2.0
Friend/Neighbour	37	1.2%	49	1.4%	25	0.7%	-0.7
Other service user	3	0.1%	8	0.2%	7	0.2%	0.0
Care Quality Commission	63	2.0%	115	3.3%	132	3.8%	0.5
Housing	64	2.0%	45	1.3%	60	1.7%	0.4
Education/Training Workplace	18	0.6%	10	0.3%	22	0.6%	0.3
Police	163	5.1%	152	4.4%	132	3.8%	-0.6
Other	379	11.9%	298	8.5%	386	11.0%	2.4
Unknown	0	0.0%	7	0.2%	0	0.0%	-0.2
Overall Total	3176	100.0%	3491	100.0%	3517	100.0%	~

Table 2.8: Source of safeguarding for the periods 2012-13 to 2014-15

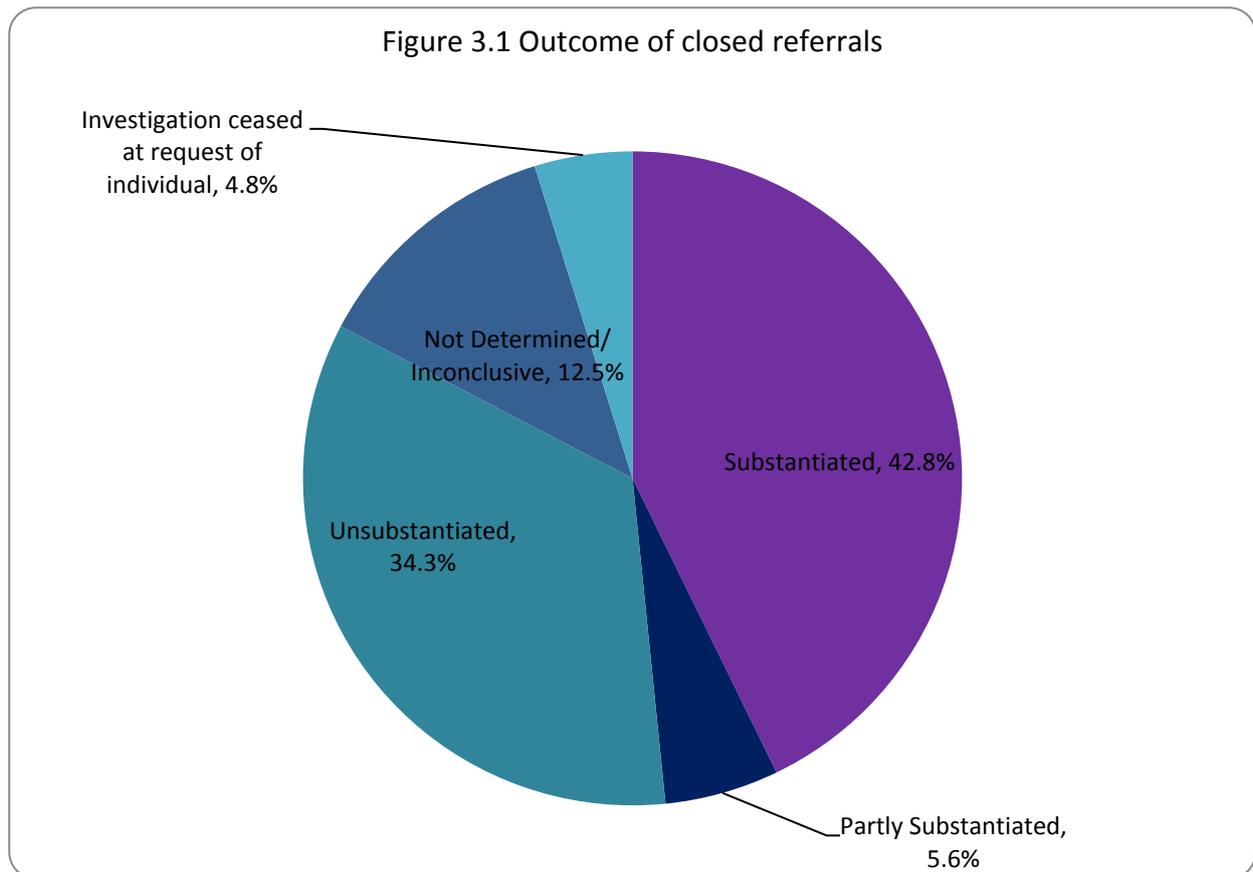
3 CLOSED REFERRALS

3.1 Outcome of closed referrals

In Kent, the highest proportion of cases were substantiated (43.5%) whereas in Medway the highest proportion of cases were unsubstantiated (39.5%). Medway had a higher proportion of cases that were partially substantiated than Kent, but a lower number of cases that were not determined/inconclusive. Across both Kent and Medway, the highest proportion of cases were substantiated and the lowest proportion resulted in the investigation ceasing at the individuals request.

Area	Substantiated		Partly substantiated		Un-substantiated		Not determined/ inconclusive		Investigation ceased at request of individual	
	No.	%	No.	%	No.	%	No.	%	No.	%
Kent	1357	43.5%	167	5.4%	1060	34.0%	392	12.6%	144	4.6%
Medway	72	32.7%	20	9.1%	87	39.5%	25	11.4%	16	7.3%
Total	1429	42.8%	187	5.6%	1147	34.3%	417	12.5%	160	4.8%

Table 3.1a Outcome of closed referrals in Kent and Medway 2014-15



3.2 Action resulting from closed referrals

The recording of the result of actions taken for closed safeguarding referrals was introduced as a part of the changes to the statutory returns in 2013-14. In 2014-15, across Kent and Medway, the highest proportion of cases resulted in no action taken and the lowest number of cases resulted in action being taken but the risk still remaining in both 2013-14 and 2014-15. However, in Medway the highest proportion of cases in 2014-15 resulted in the risk being removed at 59.5% and no cases had a result where no action was taken. In Kent the proportions have remained consistent across both years for the result of action taken for closed referrals.

It is not representative that no action was taken on cases in the first section of the table below. For those cases recorded as 'no action taken', the cases may have been inappropriate and therefore passed on to the appropriate teams. Cases may have been closed due to the case being open to Areas and no specific safeguarding action being required. In other cases, some work would have taken place in relation to safeguarding and these cases would have been closed at Stage 2.

Area	No Action Taken		Risk Remains		Risk Reduced		Risk Removed	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
East Kent Total	59.7%	54.8%	6.0%	6.2%	20.2%	27.4%	14.1%	11.7%
West Kent Total	76.9%	55.4%	3.1%	6.4%	14.6%	27.1%	5.5%	11.1%
Central Duty Team	66.7%	53.6%	5.8%	7.2%	21.5%	28.0%	6.1%	11.1%
Medway	18.8%	0.0%	5.5%	16.8%	49.0%	23.6%	26.6%	59.5%

Table 3.2 Actions resulting from closed safeguarding referrals 2013-14 & 2014-15

Section 8: Priorities for 2015-2016

A number of priorities have been identified for 2015 - 2016

- Reviewing the multi-agency training programme
- Publishing a strategic plan for the Kent and Medway Safeguarding Adults Board
- Reviewing the multi-agency policy, protocols and guidance document
- Responding to the recommendations from Safeguarding Adults Reviews
- Updating the Kent and Medway Safeguarding Adults Board website in light of the Care Act 2014
- Responding to national safeguarding developments, including commissioning detailed analysis in order to understand the issues related to human trafficking, modern slavery and sexual exploitation nationally and in Kent and Medway
- Assess progress with local implementation of the Mental Health Crisis Concordat

Appendices

Appendix 1

Kent and Medway Safeguarding Adults Board Principles and values

The Kent and Medway Safeguarding Adults Board is underpinned by the following principles and values:

- It is every adult's right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equity
- All agencies and services should ensure that their own policies and procedures make it clear that they have a zero tolerance of abuse
- Priority will be given to the prevention of abuse by raising the awareness of adult protection issues and by fostering a culture of good practice through support and care provision, commissioning and contracting
- Adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support services.
- These principles are applicable to all adults whether living in a domestic setting, care home, social services or health setting or any community setting
- Protection of adults experiencing, or at risk of, abuse or neglect, is a multi-agency responsibility and all agencies and services should actively work together to address the abuse of adults
- Interventions should be based on the concept of empowerment and participation of the individual at risk
- These principles should constitute an integral part of the philosophy and working practices of all agencies involved with adults experiencing, or at risk of, abuse or neglect, and should not be seen in isolation
- It is the responsibility of all agencies to take steps to ensure that adults experiencing, or at risk of, abuse or neglect, are discharged from their care to a safe and appropriate setting
- The need to provide support for the carers must be taken into account when planning services for adults experiencing, or at risk of, abuse or neglect, and a carer's assessment should be offered
- These principles are based upon a commitment to equal opportunities and practice in respect of race, culture, religion, disability, gender, age or sexual orientation.

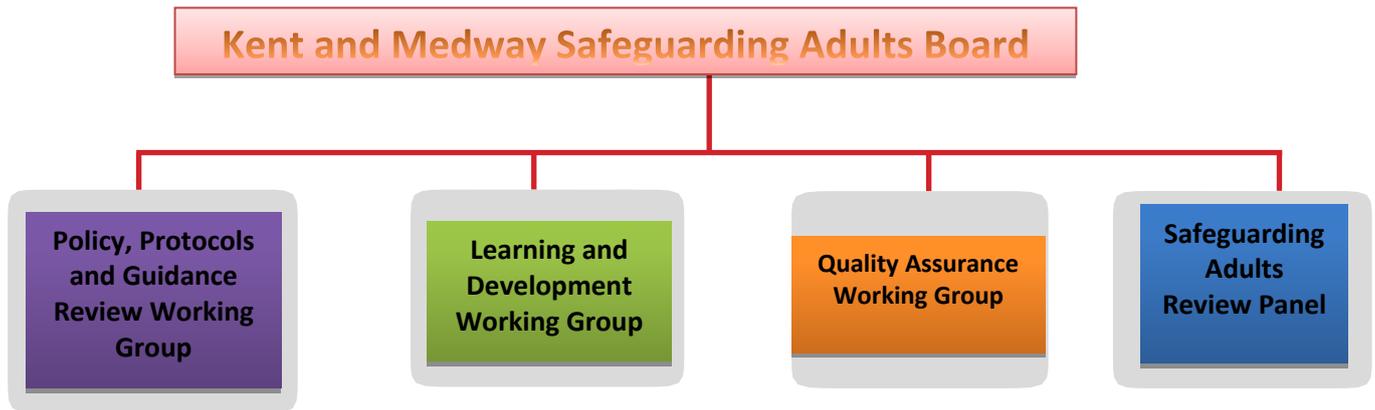
Appendix 2

The main forms of abuse are:

- Physical abuse including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions
- Domestic Violence including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
- Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or acts to which the adult has not consented, or was pressured into consenting
- Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- Financial or material abuse, including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- Discriminatory abuse, including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- Organisational abuse including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
- Neglect and acts of omission, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- Self-neglect covers a wide range of behavior neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

Appendix 3

Kent and Medway Safeguarding Adults Board Governance Structure



Kent and Medway Safeguarding Adults Board



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